

6/30/2018
0514824

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

L905
0514824
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
6/30/2018 5:53:31 AM
Fee receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

TRICARE PHARMACY NETWORK, LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

DAREN WHITE

2. Registered agent is hereby changed to:

DAREN WHITE

3. Address of current registered office

1051 NEWTOWN PIKE, STE 140
LEXINGTON, KY 40511

4. Registered office is hereby changed to:

7112 Wood Briar Place
Louisville, KY 40241

5. Signature of officer or chairman of the board

Daren White, Partner
Signature and Title

Type or print name and title

6/30/2018 5:53 AM
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Signature and Title

Type or print name and title